



**CHATTANOOGA ASSOCIATION OF LANDSCAPE PROFESSIONALS**  
**MEMBERSHIP APPLICATION\***

Please fill out the following form completely. All information must be included before the membership application can be processed.

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Street or P.O. Box

City or Town

State

Zip Code

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Your Name: Mr., Mrs., Ms. \_\_\_\_\_

Position in Company \_\_\_\_\_

Desired Membership Category:

\_\_\_\_\_ **Professional/Associate Member – Annual Dues - \$100**  
(Landscape Contractors, Architects, Designers, etc. – Voting membership)

\_\_\_\_\_ **Affiliate/Apprentice Member – Annual Dues - \$30**  
(Educators, Researchers, Government Employees, Students, etc. – Non-voting Membership)

To be considered from membership in the Chattanooga Association of Landscape Professionals as a Landscape Professional, you must have a current Business License and Nursery Inspection Certificate. Please provide the information below.

Business License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Location Where Issued \_\_\_\_\_

Nursery Inspection Certificate # \_\_\_\_\_ State \_\_\_\_\_

Expiration Date \_\_\_\_\_

Please provide the names of three references who are members of the Chattanooga Association of Landscape Professionals

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Check for \$ \_\_\_\_\_ enclosed/accompanying application.

\*Submission of Membership Application indicates willingness to adhere to "Landscape Professionals Code of Ethics by Applicant.

P. O. Box 11142 Chattanooga, TN 37401